

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00752

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: MISSING CHILDREN CENTER, INC.

**Current Principal Place of Business:**

276 EAST HWY 434  
WINTER SPRINGS, FL 327089504 US

**New Principal Place of Business:**

**Current Mailing Address:**

276 E HWY 434  
WINTER SPRINGS, FL 327089504 US

**New Mailing Address:**

FEI Number: 59-2456832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, JOAN  
276 E HWY 434  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: RIVERA, LINDA,  
Address: 117 N. ALDERWOOD ST.  
City-St-Zip: WINTER SPRINGS, FL

Title: DP ( ) Delete  
Name: WILLS, JUDY  
Address: 2240 TWO SISTER FERRY RD  
City-St-Zip: ESTILL, SC 29918

Title: DEV ( ) Delete  
Name: KRAKOSKY, TOM  
Address: 400 ALEXANDRIA BLVD.  
City-St-Zip: OVIEDO, FL 32765

Title: DVT ( ) Delete  
Name: FLANNIGAN, JIM  
Address: 300 N. MOSS RD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: RIVERA, LINDA,  
Address: 117 N. ALDERWOOD ST.  
City-St-Zip: WINTER SPRINGS, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: PRESLEY, KEVIN  
Address: 300 N. MOSS RD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS ( ) Change (X) Addition  
Name: EDWARDS, KELLY  
Address: 400 ALEXANDRIA BLVD.  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA RIVERA

DVP

04/18/2006

Electronic Signature of Signing Officer or Director

Date